PRINTED: 06/24/2009

EMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING  01 - MAIN BUILDING 01			(X3) DATE SURVEY COMPLETED		
	.* •	095015	B. WIN	s		050	20/2009
ME OF PROVIDER OR SUPPLIER AROLYN BOONE LEWIS HEALTH CARE CENTER				1380	ADDRESS, CITY, STATE, ZIP CODE SOUTHERN AVE SE SHINGTON, DC 20032	05/20/2009	
4) 1D REFIX TAG	(EACH DEFICIENCY ML	STATEMENT OF DEFICIENCIES IST BE PRECEDED BY FULL REGULATORY DENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHOUL REFERENCED TO THE APPROPRIATE	D BE CROSS-	(X5) COMPLETIO DATE
( 000	INITIAL COMMEN	NTS	K	000			
		e Inspection was conducted at by 20, 2009, the following findings		}			
< 017 SS=D	l .	AFETY CODE STANDARD	K	017 			
	constructed with a rating. In sprinkle required to resist sprinklered building	arated from use areas by walls at least ½ hour fire resistance ared buildings, partitions are only the passage of smoke. In nonnegs, walls properly extend above dor walls may terminate at the					
	Code. Charting a dining rooms, and the corridor under Code. Gift shops by non-fire rated v	ngs where specifically permitted by and clerical stations, waiting areas, activity spaces may be open to certain conditions specified in the may be separated from comidors walls if the gift shop is fully 2.3.6.1, 19.3.6.5				•	
				.			
		· 				·	
	Based on observa Survey it was det were not in good	is not met as evidenced by: ations during the Life safety code ermined that smoke barrier walls condition to prevent the passage		!       			
	surfaces in two (2 PM on May 20, 2 (2) of two (2) obse 2009, Recreation observation at 2:	vent of a fire, basement wall b) of two (2) observations at 1:45 009, Recreation/Dining area in two ervations at 1:55 PM on May 20, Exit Area in one (1) of one (1) 15 Pm on May 20, 2009. First floor (2) of four (4) observations					,   
	<u> </u>			<u> </u>		·	
11	//	ER/SUPPLIER REPRESENTATIVE'S SIGNATURE	17 - 18		TITLE		(X6) DATE
Wa	herta B	ration &	In Pa	un	in allministe	alor	6/30

'CMS-2567(02-99) Previous Versions Obsolete

Facility ID: HCI

ocuments are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Event ID: 5PU621

If continuation sheet Page 1 of 4

## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/24/2009 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		CONSTRUCTION  01 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED	
		095015	B. WIN	G		05/2	0/2009
	NOVIDER OR SUPPLIER	LTH CARE CENTER		138	ET ADDRESS, CITY, STATE, ZIP CODE SO SOUTHERN AVE SE ASHINGTON, DC 20032		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE	BE CROSS-	(X5) COMPLETION DATE
K 000	INITIAL COMMENT	s	К	000			
K 017 SS=D	your facility on May were observed: NFPA 101 LIFE SAI	Inspection was conducted at 20, 2009, the following findings	K	017			
	constructed with at larting. In sprinklere required to resist the sprinklered buildings the ceiling. (Corrido underside of ceilings Code. Charting and	ated from use areas by walls least ½ hour fire resistance d buildings, partitions are only e passage of smoke. In nons, walls properly extend above or walls may terminate at the swhere specifically permitted by I clerical stations, waiting areas, ctivity spaces may be open to					
	the corridor under co Code. Gift shops m by non-fire rated wa	ertain conditions specified in the ay be separated from corridors lls if the gift shop is fully 6.6.1, 19.3.6.2.1, 19.3.6.5				<i>:</i>	
	Based on observation Survey it was determined and color of smoke in the event surfaces in two (2) of PM on May 20, 200 (2) of two (2) observation at 2:15	s not met as evidenced by: ons during the Life safety code mined that smoke barrier walls indition to prevent the passage int of a fire, basement wall of two (2) observations at 1:45 g, Recreation/Dining area in two vations at 1:55 PM on May 20, kit Area in one (1) of one (1) Pm on May 20, 2009. First floor of four (4) observations					
LABORATORY	DIRECTOR'S OR PROVIDER	SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/24/2009 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING 01 - MAIN BUILDING 01			(X3) DATE SURVEY COMPLETED			
		095015	B. WiN	IG		05/20	0/2009	
NAME OF PROVIDER OR SUPPLIER  CAROLYN BOONE LEWIS HEALTH CARE CENTER				1:	STREET ADDRESS, CITY, STATE, ZIP CODE  1380 SOUTHERN AVE SE  WASHINGTON, DC 20032		·	
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES IT BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD B REFERENCED TO THE APPROPRIATE DI	BE CROSS-	(X5) COMPLETION DATE	
K 017	the first floor Day R observation at 2:30 stairwell door on ur	ge 1 20, 2009, The entrance door to coom in one (1) of one PM on M ay 20, 2009, and the condit 3 North in one (1) of one (1) PM on May 20, 2009.	K	017				
	The findings include Smoke barrier walls prevent the passage							
	communication wire near the exit door in at 1:45 PM on May  2. A 2 inch penetral surfaces around contrance to Recrea (2) observations at  3. A 2 X 2 inch penetral surfaces around wire Recreation Exit Are	tion was observed around es and BX cable in wall surfaces in two (2) of two (2) observations 20, 2009.  tion was observed in wall immunication wires above the tion/Dining area in two (2) of two 1:55 PM on May 20, 2009.  etration was observed in wall res above the exit door in the tea in one (1) of one (1) Pm on May 20, 2009.			<ol> <li>K 017</li> <li>All penetrations were patched of survey.</li> <li>In future Maintenance staff wire monitor all work done by outst contractors to ensure that all penetrations are sealed.</li> <li>Rounds will be made monthly check and document any penabove fire doors.</li> <li>Findings will be reported at Q CQI Committee meeting.</li> </ol>	ll ide to etrations	5/20/09	
	First Floor  1. A 7 to 8 inch ope	ening was observed around wires	·		5. Completed.		5/20/09	

## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/24/2009 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
			A. BUILDING	01 - MAIN BUILDING 01				
. •		095015	B. WING		05/2	0/2009		
	OVIDER OR SUPPLIER	ALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE  1380 SOUTHERN AVE SE  WASHINGTON, DC 20032					
(X4) ID PREFIX TAG	(EACH DEFICIENCY MU	STATEMENT OF DEFICIENCIES ST BE PRECEDED BY FULL REGULATORY DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SHOU REFERENCED TO THE APPROPRIAT	LD BE CROSS-	(X5) COMPLETION DATE		
K 017	Continued From p	ane 2	K 017	<del></del>				
	the television set a observed around of	age 2 and a 2 inch penetration was conduit in the Day room in two (2) tions at 2:25 PM on May 20,	Kuir					
	surfaces above the	tration was observed in wall e entrance door to the Day Room bservation at 2:30 PM on M ay			·			
	Third Floor							
K 018 SS=D	stairwell door on u observation at 3:4:	ation was observed above the nit 3 North in one (1) of one (1) 5 PM on May 20, 2009. AFETY CODE STANDARD	K 018					
33-0	required enclosure hazardous areas a those constructed wood, or capable minutes. Doors in required to resist to impediment to are provided with a	orridor openings in other than is of vertical openings, exits, or a substantial doors, such as of 1¾ inch solid-bonded core of resisting fire for at least 20 sprinklered buildings are only the passage of smoke. There is the closing of the doors. Doors a means suitable for keeping the doors meeting 19.3.6.3.6 are 6.3						
	Roller latches are all health care faci	prohibited by CMS regulations in lities.						
	·			•				
		·						

## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/24/2009 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED			
	A. BUILI	DING 01 - MAIN BUILDING 01				
095015	B. WING	B	05/20/2009			
		STREET ADDRESS, CITY, STATE, ZIP CODE  1380 SOUTHERN AVE SE  WASHINGTON, DC 20032				
NCY MUST BE PRECEDED BY FULL REGULAT	ID PREFIX TAG	( (EACH CORRECTIVE ACTION SHOUL	D BE CROSS- COMPLETION			
ARD is not met as evidenced by: servations during the Life Safety is determined that the double swin fled to latch into frame when tested on Exit Area and First Floor Show (2) of nine (9) observations between 14:30 PM on May 20, 2009. These observed in the presence of the neer.  include:  ging fire doors failed to latch into a tested: eated entrance to the Recreation/E Basement and (2) doors located in Room on the First Floor in two (2) ervations between 1:45 PM and 4	Code aging d in er en se  Dining near of	<ol> <li>K 018</li> <li>Roller latches were remove replaced with non-roller lates.</li> <li>Automatic fire door closure adjusted and tested for proclosure.</li> <li>Maintenance staff will man rounds to check and door doors for proper closure.</li> <li>Findings will be reported to the contract of t</li></ol>	es were oper door ke monthly ument fire			
		5. Completed.	5/25/09			
	O95015  PLIER  WIS HEALTH CARE CENTER  MMARY STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL REGULAT R LSC IDENTIFYING INFORMATION)  TOM page 3  PARD is not met as evidenced by Deservations during the Life Safety S determined that the double swirt illed to latch into frame when teste on Exit Area and First Floor Show (2) of nine (9) observations between 4:30 PM on May 20, 2009. These e observed in the presence of the neer.  Include:  Sinclude: Stated entrance to the Recreation/E Basement and (2) doors located Room on the First Floor in two (2)	O95015  PLIER  WIS HEALTH CARE CENTER  MARRY STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL REGULATORY R LSC IDENTIFYING INFORMATION)  PREFIX TAG  ARD is not met as evidenced by: DESERVATION SERVATION  FOR LSC IDENTIFYING INFORMATION  ARD IS NOT MET AS EVIDENCIES OF ONE OF THE SERVET SER	A BUILDING 01 - MAIN BUILDING 01  B. WING  PILIER  WIS HEALTH CARE CENTER  WASHINGTON, DC 20032  IMMARY STATEMENT OF DEFICIENCIES NOY MUST BE PRECEDED BY FULL REGULATORY PR. LSC IDENTIFYING INFORMATION)  FOR DESCRIPTION OF DEFICIENCIES NOY MUST BE PRECEDED BY FULL REGULATORY PR. LSC IDENTIFYING INFORMATION)  FOR DESCRIPTION OF DEFICIENCIES WASHINGTON, DC 20032  IMARY STATEMENT OF DEFICIENCE OF THE ABOUTCH OF THE ABOU			